

CORRECTIVE ACTION PLAN FORM

BICE PERIOD: AS OF SEPTEMBER 30, 2004	
BUREAU/DIVISION/OFFICE:	
UNIT NAME:	
APPLICATION NAME:	
DESCRIPTION OF THE WEAKNESS # ____	
ANTICIPATED ACTION	
	An Action Plan will be created to mitigate the risk: Describe preliminary plan of action for mitigating the identified risk: INCLUDE ANTICIPATED COMPLETION DATE.
	An Action Plan will be created to mitigate the risk but the action plan requires budget resources: Describe preliminary plan of action for mitigating the identified risk: INCLUDE ANTICIPATED COST ESTIMATE & COMPLETION DATE.
	We accept the risk, and a preliminary plan of action will not be created: Describe the following: reasons for not creating an action plan (e.g. budget resources, etc), loss and exposure potential, compensating controls, and the review procedures are currently in place. (DEPUTY DIRECTOR APPROVAL AND SIGNATURE IS REQUIRED)
DESCRIPTION OF ANTICIPATED ACTION (Attach additional pages if necessary)	
Anticipated Compliance Date:	
Prepared By:	Date:
Approved By:	Date:
(If Required)	Date:
Deputy Director Signature:	